

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$772.50 for dates of service 06/11/01 and 07/11/01.
- b. The request was received on 01/24/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution submitted with the Table of Disputed Services
 - b. HCFA(s)
 - c. EOB
 - d. Reimbursement data
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. HCFA(s)
 - c. EOB
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. There is not a carrier sign sheet submitted with the dispute packet. The carrier did submit a 3 day response to the dispute, but no other information was submitted. Therefore all of the information will be reviewed and a decision will be rendered accordingly.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence submitted on the Table of Disputed Services that...“We feel that we should be reimbursed in full for the durable medical equipment we provided this patient with. These claims were billed at fair and reasonable rate and should not have been reduced. We have resubmitted examples of payments in full along with a letter of medical necessity. We are requesting additional payment with interest.”
2. Respondent: The Carrier did not submit a letter to the medical dispute.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 06/11/01 and 07/11/01.
2. The denial listed on the EOB is “M-REDUCED TO FAIR AND REASONABLE. F-REIMBURSEMENT IS BEING WITHHELD AS THIS PROCEDURE IS CONSIDERED INTEGRAL TO THE PRIMARY PROCEDURE BILLED. F-REIMBURSEMENT IS BASED UPON THE MAXIMUM ALLOWABLE FEE FOR THIS PROCEDURE CODE BASED UPON THE STATE MEDICAL FEE SCHEDULE, OR IF ONE IS NOT SPECIFIED, USUAL, REASONABLE AND CUSTOMARY FOR THIS GEOGRAPHIC (ZIP CODE) AREA. F-REIMBURSEMENT ACCORDING TO THE TEXAS MEDICAL FEE GUIDELINES.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
06/11/01	E0731	\$495.00	\$350.00	M	DOP	TWCC Rule 133.307 (g)(3)(D)	The referenced Rule places certain requirements on the provider when supplying documentation with the request for dispute resolution. The provider is to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. Commission Rule 133.304 (i)(1-4) places certain requirements on the carrier when reducing the billed amount to fair and reasonable. Regardless of the carrier's methodology or lack thereof, or a timely or untimely response, the burden remains on the provider to show that the amount of reimbursement requested is fair and reasonable. In this case, the provider submitted EOB(s) form other carriers that indicates those carriers paid 100% of the billed charges. The willingness of some carriers to reimburse at or near the billed amount does not necessarily document that the billed amount is fair and reasonable and does not show how effective medical cost control is achieved, a criteria identified in Sec. 413.011 (d) of the Texas Labor Code. The provider's documentation fails to justify or demonstrate that the fees requested are fair and reasonable. Therefore, no further reimbursement is recommended.
06/11/01	64550-TN	\$125.00	\$0.00	F	\$141.00	MFG MGR (I)(C) Treatment codes	CPT code 64550 is listed in the MFG SGR as an "Application of surface (transcutaneous) Neurostimulator." The provider listed this CPT code for training when CPT code 97139-TN "TENS application for trial basis (includes supplies/training)" is to be used according to MFG MGR (I)(C) Treatment codes. Therefore, reimbursement is not recommended.
06/11/01	E1399	\$27.50	\$0.00	G	DOP	DME GR (X)(C)	"All TENS supplies shall be billed with code E1399 and shall be itemized. Reimbursement shall not exceed the maximum allowable per month (\$85.00) except in those unusual cases where additional supplies are medically necessary, adequate documentation describing the situation shall be provided. No additional supply codes shall be reimbursed in addition to E1399." The provider did not submit documentation to indicate that this was an unusual case to bill for additional supplies. The provider already billed and was reimbursed \$85.00 for the month in dispute according to the EOB submitted. Therefore, reimbursement is not recommended.

07/11/01	E0745	\$475.00	\$0.00	M	DOP	DME GR (VI)	The Carrier's denial listed on the EOB states: "THIS RENTAL ITEM HAS BEEN PREVIOUSLY PURCHASED." The Carrier has not submitted any documentation that indicates this item has been purchased. The Provider has indicated in a letter dated 12/21/01 to the Carrier, that this item is for a ' <u>RENTAL ONLY</u> '. Therefore, reimbursement in the amount of \$475.00 is recommended.
Totals		\$1,122.50	\$350.00				The Requestor is entitled to reimbursement in the amount of \$475.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$475.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 8th day of August 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.